



PATIENT FEEDBACK INSTRUMENT APPLICATION
For practice accreditation and
40 Category 1 Clinical Audit points (RACGP – QA&CPD)
30 Extended Skills points (ACCRM – PDP)

The Client-Focused Evaluations Program (CFEP) is pleased to offer PAIS as a Clinical Audit option that will provide participating GPs with **40 Category 1 Clinical Audit points** in the RACGP QA&CPD Program for the current triennium.

To meet the requirement of the QA&CPD Program, each participating GP must have a minimum of 25 patients complete the survey. The doctor's name must appear at the top of each questionnaire, and each doctor will receive individual results and will need to complete an individual report.

No. of doctors	No. of questionnaires	No. of Clinical Audits	Cost of clinical Audit <u>and</u> accreditation (inc. GST)
1	30	1	\$198 (cost of Clinical Audit for Dr = \$44 SAVE \$132 ea)
2	60	2	\$308 (cost of Clinical Audit for Dr = \$55 SAVE \$121 ea)
3	100	3	\$429 (cost of Clinical Audit for Dr = \$55 SAVE \$121 ea)
4	150	4	\$484 (cost of Clinical Audit for Dr = \$50 SAVE \$126 ea)
5	200	5	\$539 (cost of Clinical Audit for Dr = \$50 SAVE \$126 ea)

In order for CFEP to assist GPs to meet the different requirement of Practice Accreditation and the QA&CPD/PDP Programs, additional cost is involved. However, CFEP has endeavoured to minimise the cost and inconvenience of GPs as much as possible.

The cost of undertaking DISQ as a separate QA option is \$176 per doctor. Therefore combining the QA/PDP and Accreditation options represents FANTASTIC SAVINGS, and allows the practice AND Doctor to complete this requirement with minimal disruption.

I would like to participate in the Patient Feedback Instrument

Name:	(Dr/Mr/Mrs/Ms/Miss)	M / F	
Organisation name:			
Address:			
Contact tel no:		E-mail address:	
No of doctors in the practice:			
Name and QA&CE/PDP ref no of participating doctors:			

I enclose the participation fee. The cheque for \$ _____ has been made payable to 'Client-Focused Evaluations Program' or 'CFEP'

Signed:	_____	Date:	_____
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PLEASE RETURN THIS FORM BY POST: **CFEP, PO Box 588, Everton Park, QLD 4053**
 or FAX: **(07) 3355 7047**